

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions

1. NAME Todd Lawrence Disher		2. PHONE NUMBER (512) 936-2266		3. DATE 5/31/2018	
4. DELIVERY ADDRESS OR EMAIL todd.disher@oag.texas.gov		5. CITY		6. STATE	7. ZIP CODE
8. CASE NUMBER 1:18-cv-00068	9. JUDGE Hon. Andrew S. Hanen	DATES OF PROCEEDINGS			
		10. FROM 5/30/2018		11. TO 5/30/2018	
12. CASE NAME State of Texas, et al., v. United States of America, et al.		LOCATION OF PROCEEDINGS			
		13. CITY Brownsville		14. STATE TX	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Initial Pretrial Conference	
<input type="checkbox"/> BAIL HEARING				05/30/2018	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE s/Todd Lawrence Disher				PROCESSED BY	
19. DATE 5/31/2018				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00

DISTRIBUTION:

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY